



TRICARE Northwest

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<http://tricarenw.mamc.amedd.army.mil>

One-Stop Service for Region 11 Beneficiaries

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Calendar of Events

May

27th: Mental Health Consortium Mtg. at USCG, Seattle; POC: LTC Voepel, (253) 968-3432

June

4th: Breast Cancer Initiative Regional Action Team Mtg. 0900-1500, USCG Museum POC: Carol Campbell, (253) 968-0744

25th: Mental Health Consortium at USCG, Seattle. POC: LTC Voepel (253) 968-3432

TRICARE Northwest beneficiaries will soon be able to obtain one-stop service when calling TRICARE Service Centers here to talk to a Beneficiary Service Representative (BSR) or a Health Care Finder (HCF).

On May 1, beneficiaries may call a toll free line 1-800-404-2042 to speak to a BSR, instead of calling a TRICARE Service Center (TSC) to obtain program information or assistance. The toll-free number is not new. It is the phone number that beneficiaries cur-

rently call to obtain HCF assistance. In order to provide faster service at a lower cost to the beneficiary, FHFS has added an option for BSR service to the Health Care Finder line. When accessing the toll-free line, callers will have an option to choose either a BSR or a HCF. If they choose a BSR, they will be given further menu selections that will link to either the Portland TSC, the Fairchild TSC, a combined option for a Madigan or McChord TSC BSR, or a combined option for a BSR at one

of the Navy facilities (Bremerton, Oak Harbor or Everett TSC).

The phone numbers that beneficiaries currently use to reach TSCs will carry a recording beginning May 1, that will direct them to call the 1-800 number. The sole exception is the Yakima TSC, which will not change. The region's other toll-free numbers will also be unaffected by this change.



"Anthrax Vaccine Safe" say Officials as Phase II Shots Begin

With Phase I of the Anthrax Vaccine Implementation Plan (AVIP) for Fort Lewis well underway, Phase II is already scheduled to begin this fall, according to MAJ James Cook, Anthrax Program Manager

at Madigan Army Medical Center.

As part of the Phase I process, selected soldiers began receiving the anthrax vaccine late last year. Soldiers from Fort Lewis who deploy to high-risk areas have just

about completed the initial shots.

With the exception of pregnant soldiers, HIV positive soldiers and those taking large doses of systemic steroids, all other soldiers will be

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Fleet Hospital Five Proves "Ready" by Judith Robertson, NHB PAO

Call them the tanned, the tired and the triumphant!

The 250 members who make up the critical core of Fleet Hospital Five are the elite group sporting tanned faces and hands. The leisure look did not come from playing, but from a week of toiling in the California sun. The group built a tent hospital from the flooring up, equipped it, and had it ready to receive patients in a matter of hours as a part of the evaluation process by the Fleet Hospital Operational Training Command at Camp Pen-

delton.

The triumph came upon the very successful completion of the task put to them. Their farmer's tans have become the symbol of belonging to a very tight-knit group. "I learned that my co-workers are a very compassionate, caring people," said Ensign David Parins, NC, USN, a staff nurse on the hospital's multi-services ward. "They function more like a family than just a group."

Parins was not alone in that as-

essment. At the closing ceremony of their grueling week, FHOTC Commanding Officer, Capt. Hank Gardiner, MSC, USN, said, "You people have displayed the team concept better than any other hospital that has undergone the Operational Readiness Evaluation."

For Hospital Corpsman 1st Class Sheri Howard, Leading Petty Officer in the Patient Administration Dept., the teamwork was awesome. "I was absolutely amazed, impressed and awed that everyone

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Anthrax, contd.

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vaccinated over a 6-8 year period. "Phase II of the AVIP will include vaccinations at unit levels. This is expected to begin in the fall and will proceed through a prioritized list of Army units on Fort Lewis," Cook explained. "The final phase will include immunizing the remainder of the active component, Reserves and National Guard."

"There has been a significant amount of misinformation regarding the Anthrax vaccine," MAJ Cook explained. "There is no basis to rumors of infertility, impotence, or birth defects. There is no risk of acquiring Anthrax from the vaccine. The Anthrax vaccine has been used for over 25 years in the private sector among people at risk for exposure to Anthrax, and has been shown to be very safe."

Cook said that the U.S. Food and Drug Administration has not

received any reports of serious or life threatening side effects from Anthrax vaccine since it was licensed in 1970. "We've administered over 14,000 doses of the anthrax vaccine to soldiers at Fort Lewis without any serious side ef-

**"There has been a significant amount of misinformation regarding the Anthrax vaccine."
Major James Cook**

fects, lost duty or hospitalizations, and DoD has administered over 160,000 doses of vaccine without significant adverse effects," he pointed out.

Cook mentioned a case involving an Air Force soldier who, after receiving the Anthrax vaccine developed a neurological condition known as Guillane-Barre Syndrome, a type of paralysis associ-

ated with other vaccines. The affected service member fully recovered.

Prior to receiving the Anthrax vaccine, soldiers receive an educational briefing, at which time all exemptions (medical and administrative) will be discussed. All female soldiers are asked if they are, or could be pregnant. If they're not certain, pregnancy screenings are available. Also, anyone with an allergy to Anthrax vaccine will be deferred.

Cook highly encourages soldiers who have questions about the Anthrax vaccination to pose them to his/her unit medical personnel or Troop Medical Clinic (TMC). Services members and their families are also encouraged to visit the DoD anthrax Web site, currently located on the DoD home page at www.defenselink.mil.

Fleet Hospital 5

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worked together so well. I had Captains putting flooring down with me. Everyone from 06 to E1's were doing whatever they had to do," she said.

If teamwork built camaraderie, it also built a 50-bed portable hospital. "The team performed well above everyone's expectations," said LCDR Joseph Richter, MSC, USN, Head of Operational Readiness at the Naval Hospital. "I expected them to do great, but I didn't expect them to ace it."

But ace it, they did, and according to CAPT Dan Snyder, MSC, USN, Commanding Officer of Fleet Hospital Five and Executive Officer at the Naval Hospital, their performance was simply an affirmation of years of correct planning. "This is a direct result of lessons learned by Navy Medicine in the Gulf War. We are doing this training, bringing in the Reserves, testing the sys-

tem, so that we don't have to repeat mistakes. Instead of pulling people from all over the map, having them meet for the first time on a plane headed somewhere, we now have a Fleet Hospital that has worked together, these folks are a team. Training in the basics was what gave FH5 the edge, according to team members. "Having a fleet hospital site on the hospital campus really helps," Parins said. "Our leadership really knew what they were doing. I now have somewhat of a conception of how a fleet hospital works. I'm much more comfortable with the thought of being deployed."

Although Howard thought the pre-training was good, she said the FHOTC staff tested their skills and their resolve. "They were doing everything they could to stress us. They forced the hospital to be overloaded to see how we'd react, see how we'd work as a team. They bombed us, killed off our commanding officer, we had to go into bunkers. I learned a lot about patience and flexibility. No, I mean

fluidness.

Someone put up a sign saying 'Be fluid, flexibility is too



rigid.' I learned to be fluid. And I feel tons better about putting up a whole fleet hospital," she said.

Fleet Hospital Five is now the "ready team" from amongst the Navy's ten fleet hospitals nationwide. They are the most recently trained, evaluated and ready.

Asked if given a choice, would he deploy with Fleet Hospital Five, Richter echoed the resolve of his team members. "In a heart beat," he said. "I just received the military equivalent of an endorphin rush. I have no doubt that BUMED (the Navy's Bureau of Medicine and Surgery) would be putting their best foot forward by deploying Fleet Hospital Five."

Snyder agreed. "Not being prepared is not an option. If we are to be a readiness asset for our nation, we will be ready. This group is more than ready -- they have the right attitude," he said.

NH Bremerton's Family Practice Residency program wins big in Las Vegas

By Judith A. Robertson , NH Bremerton, PAO

Close to five hundred Family Medicine Physicians from the uniformed services gathered at the 24th Annual Scientific Assembly of the Uniformed Services Academy of Family Physicians in Las Vegas recently.

"Of the twenty-eight papers presented in the Research Competition at the Assembly, eight

were by Navy physicians, and seven of the eight were from people currently in, or recently graduated from, our program," said Capt. Jeff Brodie, MC, USN, head of the Family Practice Dept. "And of the twelve academic awards given, five went to Navy physicians, all of whom are affiliated with our program," he added.

Of the four Navy Family Medicine Residency programs nationwide, Bremerton's Puget Sound Family Medicine Residency program is the smallest, training 18 residents yearly. The program next in line trains thirty residents annually. Although small, the PSFMR program pro-

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vides a vibrant environment and mentors who are happy clinically. It is that atmosphere that attracts residents, according to Brodie.

"Residents want to come here because we are close knit," Brodie said.

In years past the Army and Air Force stole the show at these conferences, according to Brodie.

"The Navy would show up for the fun run and usually win it, but now we're taking the academic honors also." Brodie considers the USAFP research competition the benchmark with which to gauge how well the residents are doing academically. "This is a respected organization in both the civilian and military Family Medicine community. The competition is well conducted. The judges are well trained and prepared. How well our residents do in this competition is indicative of the quality of the training they receive in our program. Just getting papers accepted for presentation involves a rigorous competition. Many never make the cut. Our winners this year are establishing a tradition of excellence for our program. Our residents and staff have been presenting and winning awards at conferences since 1995." Residency program winners of the 1999 USAFP Research Competition are: Clinical Investigations and Case Report Papers; Special Category Winner: "Invited Papers - Previously Published or Presented," first place went to Mark B. Stephens, MD, a '96 graduate of the PSFMR program, currently serving in the Primary Care Group at Naval Medical Center San Diego. Resident Clinical Investigations category: first place

tie: LT C. Samuel Blackadar, and LCDR Frederick C. Kass, MC, USNR, a '97 graduate of the Residency program, currently stationed at Naval Hospital Naples, Italy. Staff Case Reports category: first and second place, LCDR Mark B. Stephens. Research Presentations - Staff Posters: second place: LCDR Nancy L. Moya, MC, USNR, PSFMR program staff member. Others accepted to present research papers are: Research Presentations - Resident Posters: LT Paul L. Blaskowski, MC, USNR, and LCDR David A. Tarantino, Jr., MC, USNR, a '97 graduate now stationed at Naval Hospital Naples. Resident Case Reports category: LT Blackadar, and LCDR Walter Greenhalgh, MC, USN, a '98 graduate working currently at Branch Clinic Gaeta, Italy. Additionally, CDR Rob Ringler, MC, USN, staff

TRICARE Regional Appointment Center (TRAC) Facts:

- Hours of Operation: 7:00am – 6:00 pm
- Location: Downtown Tacoma
- Manager: Don Dreyer
- Number of schedulers: 56
- # of calls answered monthly:
85,000 – 93,000
- # of appointments scheduled monthly:
47,000 – 63,000
- Busiest days to call:
Mondays and Tuesdays
- Best days to call:
Wednesday through Friday
- Best times to call:
2:15 p.m. – 4:30 p.m.

member in Family Practice, serves as Navy Director on the Board of Directors and LT Blackadar is newly elected to the Board of Directors as a Resident Board Member.

"I am really proud of our program and how we've represented the Navy," Brodie said of his team. "I think we are enhancing the reputation of Navy family medicine."

The Puget Sound program will graduate 6 residents June 30. This year the guest speaker will be Vice Admiral Richard A. Nelson, Surgeon General of the Navy and Chief of Medicine and Surgery. Admiral Nelson was the commanding officer at NH Bremerton from 1989 to 1991 and was instrumental in reinstating the Family Medicine teaching program there in 1990.